

# Washington Metropolitan Area Transit Commission

## 2011 Carrier Annual Report Form

### **PLEASE NOTE:**

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### **1. ANNUAL REPORT OF:**

1068 Capital City Coach, Inc.

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

5140 Lawrence Place, Hyattsville, MD 20781-1027

\*Street Address of Principal Place of Business

P.O. Box 91077, Washington, DC 20090-1077

Mailing Address (if different from street address)

(301) 982-6100 (301) 345-3383 jimb@capitalcitylimo.com

\*Telephone Number Other Telephone Fax Number E-mail

### **2. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

Mr. Jim Bowling Dir. Compliance & Safety

\*Name \*Title

(202) 484-0945 (202) 484-0944 jimb@capitalcitylimo.com

\*Telephone Number Other Telephone Fax Number E-mail

### **3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Street Address

Telephone Number Other Telephone Fax Number E-mail

4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity

6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

JAMES M. BOWLING

\*Name (Type or Print)

James M. Bowling

\*Signature

DIRECTOR OF COMPLIANCE & SAFETY

\*Title

01-11-11

\*Date

## 2011 Annual Report: Revenue Vehicle List

Name: Capital City Coach, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

☒ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
47	2006	International	1HVBTAAM76H264487	08047P	MD	29
48	2006	Ford	1FDAF56P06EA61425	08427P	MD	31
400	2008	International	1HVBTAAM98H677904	007P00	MD	32
401	2008	International	1HVBTAAM48H677924	007P02	MD	32
402	2008	International	1HVBTAAM88H677926	008P99	MD	32
403	2008	International	1HVBTAAM08HT77905	009P44	MD	36